

Sheet 1 of 1

PTO-1449

U.S. Department of Commerce Patent & Trademark Office

INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary)

Atty. Docket No. 095309.56078US

Serila 0.5529370 Not Yet Assigned

First Named Applicant Vasilios ORIZARIS

Filing Date March 28, 2005

Group Art Unit Not Yet Assigned

Examiner Initial		Document Number	Date	Name	Clas	s Sub- Class	Filing Dat (if appropriate)
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